

NOV 11 2005

PTO/SB/21 (08-03)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

32

Application Number

09/802,509

Filing Date

3/9/2001

First Named Inventor

Victor Keith Blanco

Group Art Unit

3713

Examiner Name

JOHN M HOTALING

Attorney Docket Number

MS1-762US

ENCLOSURES (check all that apply)

Fee Transmittal Form
 Fee Attached

Amendment / Reply
 After Final
 Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Documents

Response to Missing Parts/ Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation
 Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s)

Remarks

After Allowance Communication to Group
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify below):

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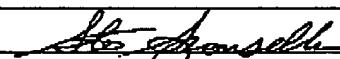
NOV 15 2005

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Steven R. Sponseller/Reg. No. 39384

Signature



Date

November 11, 2005

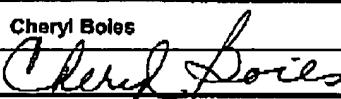
CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Cheryl Boles

Signature



Date

November 11, 2005

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25 out of 32 Pages

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/802,509
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	3/9/2001
TOTAL AMOUNT OF PAYMENT (\$ 450.00		First Named Inventor	Victor Keith Blanco
		Examiner Name	JOHN M HOTALING
		Art Unit	3713
		Attorney Docket No.	MS1 -762US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0769				Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissuc	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x 50	=			
HP = highest number of total claims paid for, if greater than 20					

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x 200	=			
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 -	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Two month extension fee

\$450.00

SUBMITTED BY

Signature		Registration No. 39384 (Attorney/Agent)	Telephone (509) 324-9256
Name (Print/Type)	Steven R. Sponseller		
	Date 11-11-05		

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